

PATENT APPLICATION TRANSMITTAL

Atty. Docket No.:	100049			
Express Mail Label No.:	EV067922681US 2			

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Arlington, VA, 22313-1450

Transmitted herewith for filing is the utility patent application of inventor(s) David G. MIKOLAS, entitled: DIELECTRIC-IN-

		TRIC DAMASCENE PROCESS FOR MANUFACTURING PLANAR WAVEGUIDES
Гуг		Application sapplication is: an original (nonprovisional) application. a nonprovisional of prior provisional application Serial No. 60/458,508 filed on 28-Mar-03.
	X	This application claims priority to U.S. Serial No. 60/458,508, filed on 28-Mar-03. The entire disclosure of the prior application is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference. The prior application is assigned of record to: Cabot Microelectronics Corporation.
A.p) 1. 2. 3. 4. 5.	plicat X X X X	ion Elements (enclosed, if applicable): A duplicate copy of this transmittal letter
Aco 9.		Amendments Amendments are indicated in enclosed Preliminary Amendment Amend this application to cancel original claims of the application before calculating the filing fee (MPEP 607). (At least one original independent claim is retained.) Amend the specification by inserting before the first line the sentence: This is a
11. 12. 13.		Itemized, stamped, and self-addressed Return Receipt Postcard (MPEP 503) English translation document Certified Copy of Priority Document (if foreign priority is claimed) Non-publication request (form PTO/SB/35) Other (describe): Copy of USPTO's Notice of Recordation of Assignment of invention to Cabot Microelectronics Corporation including assignment document.

UTILITY PATENT APPLICATION

Atty. Docket No.: 100049

	TRANSMITT	First Named Inv	ventor:	David G. MIKOLAS								
Filing Fees (as	calculated below)			•	,							
	licant claims small entity st	atus See 37 CFR 1	27									
— Аррі	For:	Number Filed	Number Extra	Rate	Fee							
	Basic Fee	Number Fried	Number Exact	Kate	\$ 770.00							
	Total Claims	34 - 20	14	\$ 18.00	\$252.00							
	Independent Claims	1-3	0	\$ 86.00	\$ 0.00							
Multiple Dependent Claim Presented (if applicable))	\$290.00	\$ 0.00							
	Subtotal			L.,	\$1022.00							
	Reduction by 50% for filir	g by small entity			\$0.00							
		TOTAL	\$ 1022.00									
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	eck in the amount of \$			<u> </u>								
X The	Commissioner is authorize	d to credit or charge	Deposit Account No	o. 501599 for an	y excess/shorta	ige in filing						
	CFR 1.16) and/or procession	• .										
	Y if applicant has partia		issue fee under 37 C.	F.R. §1.18, then	any deficienc	y shall be charged						
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	Commissioner is hereby goed application filed pursua											
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	ection with such a request			1 1	•	•						
Date: Marcl	26,2004	Attorney's Signa	ature <u>Helli</u>	J. Jum	-Bin							
	Name and Registration No. Phyllis T. Turner-Brim (Reg. No. 39,864)											
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		Certification under	r 37 CFR 1.10 (if ap	plicable)								
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	Mariejose Monsalve	17 ' 		IXOX	<u> </u>							
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